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SERIAL NUMBER 10/700,949	FILING OR 371(c) DATE 10/31/2003 RULE	CLASS 135	GROUP ART UNIT 3637	ATTORNEY DOCKET NO. 98-1608	
APPLICANTS Martha Thrower, Hopewell Junction, NY; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/02/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
ADDRESS Martha Thrower 4676 albany post rd apt. 8 b2 hyde park ,NY 12538					
TITLE FOOT MOBILITY AID					
FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		